



# Long Term Catheter Reduction in the Renal Center

## BACKGROUND

- To reduce the risks and complications of long-term catheters in hemodialysis the Center for Medicare and Medicaid Services (CMS) has established goals for hemodialysis units.
  - Units should have 10% or less of the total unit census utilizing long term catheters (LTC) or;
  - A reduction of 2% of total long-term catheters from the initiation of the project with a time-bound goal.
- Patient and system factors may impact conversion from long term catheters to AV fistulas.
- Lack of knowledge of the risks of infection with long-term catheter use:
  - Fear of needles.
  - Fear of pain and surgical complications.
  - Insurance limitations.
- Local context – LTC rates in the first two quarters of 2019 exceeded the 10% goal set by CMS.

Long-term catheter



AV Fistula



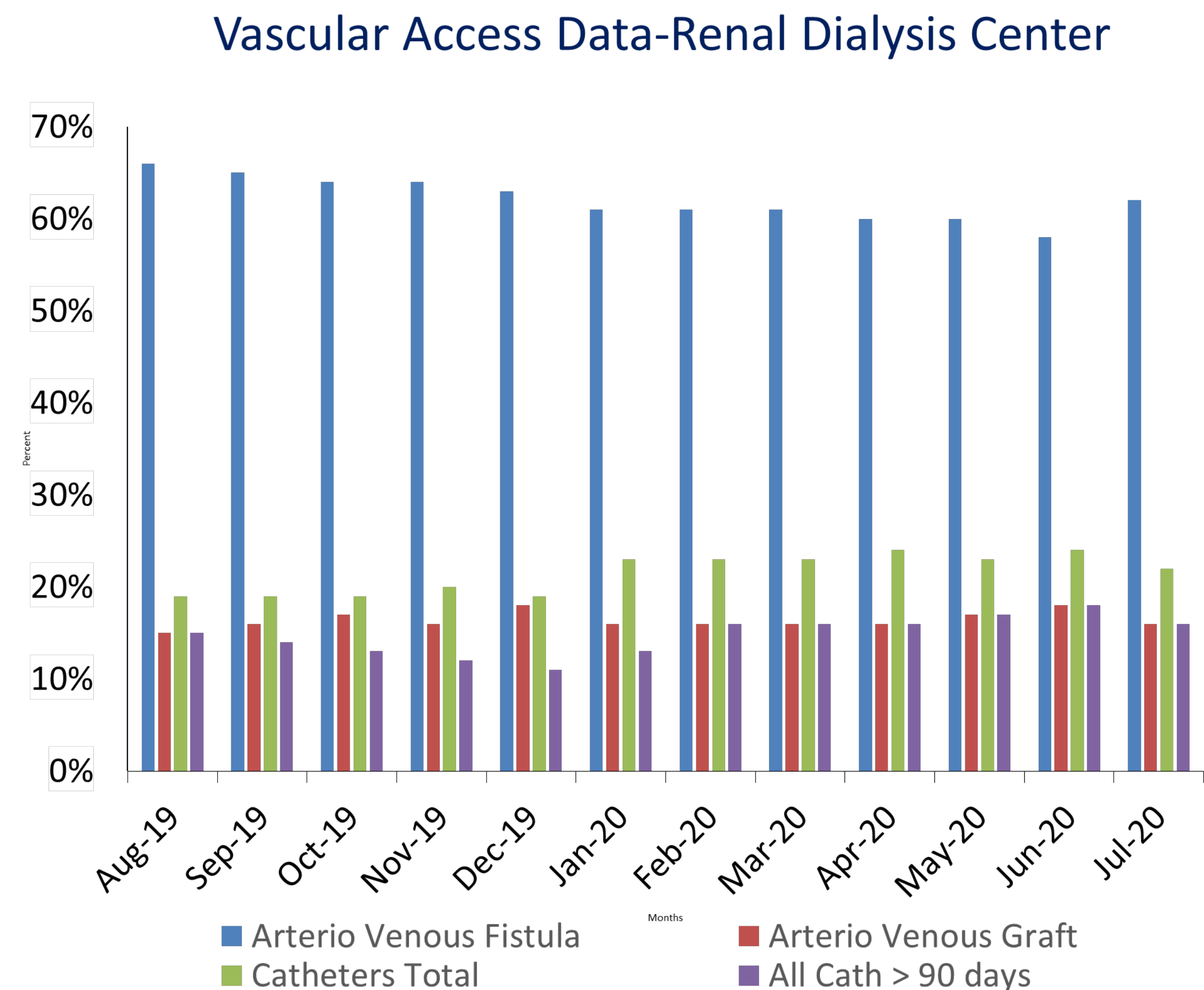
## PURPOSE

- The purpose of this project was to decrease LTC rates through patient education and coordinated team activities.

## METHODS

- Design: Evidence-based quality improvement
  - Participants: Chronic Dialysis patients with LTCs
- Procedure:
- Identify patients who are candidates for conversion to permanent access.
  - Educate patients on the risks, advantages and disadvantages of using a catheter for hemodialysis.
  - If patient agrees with conversion:
    - Work with Nephrologists for a referral to a vascular surgeon for access.
    - Obtain assistance of social worker with insurance matters.
    - Assist patient with scheduling and follow up to facilitate compliance with their schedules.

## RESULTS



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- Long term catheter rates were reduced from 13% in July 2019 to 11% in December 2019.
- Rates increased from 13% in January 2020 to 16% in July 2020. Driven by:
  - Transfers and new admissions.
  - Suspension of elective surgeries related to COVID-19.
  - Patient mortality.

## IMPLICATIONS FOR PRACTICE

- LTC rates must be monitored on an ongoing basis because of the addition of new patients to the center.
- Providing education and securing referrals while the patient is in acute care provides an opportunity to decrease the number of patients with long-term catheters and reduce the time to conversion to AV fistulas.

## CONCLUSION

- Effective patient education, team coordination, early referral and access to resources can increase the number of patients who obtain a permanent dialysis access.

## REFERENCES

Available upon request: Francis.Nuguid@stjoe.org